



**FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT  
OFFICE OF THE FIRE MARSHAL**

Revenue & Records Branch  
10700 Page Avenue  
Fairfax, VA 22030

Telephone: 703-246-4803, Fax: 703-246-6044

[www.fairfaxcounty.gov/fr/prevention/](http://www.fairfaxcounty.gov/fr/prevention/)



# STORAGE TANKS

## Plans Review & Billing Information

### SUBMITTING FIRM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### CONTRACTOR *(Responsible for All Payments)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### PROJECT INFORMATION

Tank Plan Type *(Check One)*:

Propane Cylinder Exchange \_\_\_\_\_ Tank Install \_\_\_\_\_ Dispensing Lines \_\_\_\_\_ Alter/Relocate \_\_\_\_\_

Is this a resubmission? (Y or N) \_\_\_\_\_ Is this a revised approved plan? (Y or N) \_\_\_\_\_

Was this plan previously rejected? (Y or N) \_\_\_\_\_ As-built (Y or N) \_\_\_\_\_ Plan Sets (#) \_\_\_\_\_

Project Name: \_\_\_\_\_

Address: \_\_\_\_\_ Floor: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*\* Form Must Be Completely Filled Out or Plans will Not be Processed \*\***